

REQUEST FOR TRAVEL AUTHORIZATION

**New Jersey Department of Military
And Veterans Affairs**

CHECK REASON FOR TRAVEL:

- State Business
- Conference/Convention
- Staff Training

PART A – GENERAL INFORMATION

DATE	DEPARTMENT	DIVISION/UNIT	SS#
EMPLOYEE NAME		EMPLOYEE TITLE	
		EMPLOYEE PHONE	
EXPLAIN PURPOSE IN DETAIL AND LIST NAMES OF OTHER EMPLOYEES TRAVELING ON SAME MISSION			

CHECK		DEPARTURE			ARRIVAL			ESTIMATED COST
AIR	RAIL	CITY	DATE	TIME	CITY	DATE	TIME	
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

HOTEL	NAME _____ CITY _____		GROUND Public Transportation _____ TRANSPORTATION Cab Fares _____ Personal Vehicle _____ Miles @ \$0.31 = _____					
	DATES NEEDED _____							
	_____ nights @ _____ = _____ \$0.00							
MEALS	_____ 0.00				FEES	_____		
	_____ 0.00					_____		
	_____ 0.00				MISC	_____		
Inc	_____ 0.00					_____		
	TOTAL MEAL COST _____					_____		
						\$0.00		

AGENCY CERTIFICATION

I certify that the charges to be made will be in accordance with Departmental and State Travel Regulations and will be limited to those required and are within my scope of employment.

EMPLOYEE:

ACCOUNT MANAGER:

Signature

Date

Signature

Date

SUPERVISOR:

Accounting Distribution:

Fund Agy Org Appr Acty Objt RptCat

Signature

Date